

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30654**

Registration District No. **38**

Primary Registration District No. **4089**

Registrar's No. **24**

1. PLACE OF DEATH: **Grandin Carter**
 (a) County **Grandin**
 (b) City or town **Grandin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **own home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **27 years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Pleasant F. Wynn**
 3. (b) If veteran, name war **No.**
 3. (c) Social Security No. **No.**

4. Sex **male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Eda Wynn**
 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **June 19 1875**
 (Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **24**
 If less than one day hr. min.

9. Birthplace **Birmingham Ala.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **lumber worker**

11. Industry or business **lumber**

12. Name **George W. Wynn**

13. Birthplace **Georgia**
 (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Eda Wynn**

(b) Address **Grandin Mo.**

17. (a) **Burial** (b) Date thereof **9-8-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Mo. Rones**

18. (a) Signature of funeral director **Seaton Dewitt**

(b) Address **Van Buren Mo.**

19. (a) **Sept. 12-47** (b) **Mrs Octa Henner**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Carter**
 (c) City or town **Grandin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **No.**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5**
 year **1947** hour **10** minute **45** p.m.

21. I hereby certify that I attended the deceased from **Sept 76**, 1947, to **Sept 5**, 1947,
 that I last saw him alive on **9-5-47**, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
 Due to **Gen. arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations **g3A**
 Of autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work? (Specify type of place)

(f) Means of injury **U**

23. Signature **J. M. Bell** (M. D. or other)

Address **Van Buren**

Date signed **9-6-47**

RECEIVED

District No. Officer No. 5

District File Number 94 753 9

Date Filed 9-25-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. S. Pewitt..... Registered Apprentice No. 11
working under my personal supervision.

Signed Seaton Pewitt.....

Licensed Embalmer No. 2287

P. O. Address Van Buren Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.